

Plan of Correction

Program Name: Lifeways, Inc.	Date Submitted: 10/19/2017	Date Due: 11/19/2017
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Administrative POC-1	
Contract Attachment 1	<p>Contract Statement: <u>Populations to be Served</u></p> <p>It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p>A. Priority Populations Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <ol style="list-style-type: none"> 1. Pregnant Women <ol style="list-style-type: none"> a. Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. b. The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children. c. Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124. d. Pregnant Women who are also Intravenous Drug Users are the highest priority for services. 2. Intravenous Drug Users <ol style="list-style-type: none"> a. The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use. b. The agency shall maintain a record of outreach services provided to intravenous drug users. c. Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131. d. The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling. 3. Adolescents <p>Limited English Proficiency Policy</p> <ol style="list-style-type: none"> 4. The agency shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate in and understand all provided services. 5. The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Agency. <p>Area of Noncompliance: To publicize priority services for pregnant women, women with dependent children, and IV users and also needs to be documented.</p>

<p>Corrective Action (policy/procedure, training, environmental changes, etc):</p> <p>We created an addendum to two related policies to address priority services for pregnant women, women with dependent children, and IV users. In the addendum policy we have included steps to ensure target populations will be given priority during Integrated Assessment and Transfer/Discharge Criteria. When we are completing the IIA and when we are transferring or discharging to more intensive level of care (see attached addendum).</p> <p>We created a policy for Sentinel Events (see attached).</p> <p>We had a policy on Limited English Proficiency (see attached).</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 01-10-2018</p>
<p>Supporting Evidence: See attached Policy ARSD 67:61:04:09 and Policy for Limited English Proficiency</p> <p>67:16:48:09. Treatment for a pregnant woman with a substance use disorder -- In-state.</p> <p>67:61:07:05 & 09 addendum on Intravenous Drug Users (Integrated Assessment & Transfer/Discharge Criteria)</p> <p>67:61:02:21. Sentinel event notification</p> <p>5.23.2 <u>LIMITED ENGLISH PROFICIENCY</u> (found this policy in governance – will move under Clinical Processes 67:61:07.</p>	<p>Person Responsible: Michelle Mott, Assist. Executive Director and Clinical Supervisor</p>
<p>How Maintained: Yearly training on new policies (Sentinel Event and Pregnant woman with substance use disorder) and addendum to Clinical Process with the record of programming/outreach services be included in IIA & Transfer/Discharge.</p>	<p>Board Notified: Board will be notified of policy 12-13-17 Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>

Client POC-1

<p>Rule #: 67:61:07:08</p>	<p>Rule Statement: Progress notes</p> <p>All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes shall include attention to any co-occurring disorder as they relate to the client's substance use disorder.</p> <p>A progress note is included in the file for each billable service provided. Progress notes shall include the following for the services to be billed:</p> <ol style="list-style-type: none"> 1) Information identifying the client receiving services, including name and unique identification number; 2) The date, location, time met, units of service of the counseling session, and the duration of the session; 3) The service activity code or title describing the service code or both; 4) A brief assessment of the client's functioning; 5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives; 6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and 7) The signature and credentials of the staff providing the service.
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Area of Noncompliance: The Level 1.0 progress notes were missing client unique ID, service activity code or title describing the service code or both, and units of service.	
Corrective Action (policy/procedure, training, environmental changes, etc): Yearly training and follow up with individual meetings with each counselor facilitated by clinical supervision to include Level 1.0 progress notes missing unique ID, service activity code or title describing the service code or both and units of service.	Anticipated Date Achieved/Implemented: Date 01-10-18
Supporting Evidence: Training plans for January 10, 2018 all-day training.	Person Responsible: Michelle Mott, Assist. Executive Director and Clinical Supervisor
How Maintained: Included in Yearly Planning list created by Assistant Executive Director and Clinical Supervisor.	Board Notified: Board will be notified of training need 12-13-17 Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
Client POC-2	
Rule #: Contract Attachment 1	All Financial Eligibility and Means testing forms will be for the current year.
Area of Noncompliance: The forms in the client's chart were from 2015.	
Corrective Action (policy/procedure, training, environmental changes, etc): Assistant Executive Director and Clinical Supervisor will update Financial Eligibility and Means testing forms every year.	Anticipated Date Achieved/Implemented: Date 11-2017
Supporting Evidence: Yearly updates for financial forms and other new/updated forms takes place every year in August and this update has taken place every year for the past 15 years. We had a change in administrator the past year and we will move this duty to the Assistant Executive Director and Clinical Supervisor.	Person Responsible: Assistant Executive Director and Clinical Supervisor
How Maintained: Assistant Executive Director and Clinical Supervisor will add to training list – updating financial forms every year.	Board Notified: Board will be notified of training need 12-13-17 Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
Program Director Signature: Paula Wilkinson Smith, Executive Director - LAC	
Date: 11-27-17	

Send Plan of Correction to:
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